

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL NO. | 2 | | | | 23 | |
| TOTAL DEP. | 4 | | | | 30 | |
| TOTAL CLAIMS | 6 | | | | 53 | |

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| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |

BEST AVAILABLE COPY